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ABSTRACT

This report calls attention to those areas of research on aging in the behavioral and social sciences that have promise for both short-run and long-term. It looks at the societal context for aging, at processes of aging in the individual, and, finally, at the older person in the context of various social institutions. The societal context examines changing demographic and social characteristics, age, and organization of society and sociocultural context. The second section on aging is concerned with the biological as well as psychological processes of aging--issues requiring expanded research efforts if future social policies are to be well conceived. (Author/BEF)

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OUR FUTURE SELVES:

A RESEARCH PLAN TOWARD UNDERSTANDING AGING

REPORT

OF THE

PANEL ON BEHAVIORAL AND SOCIAL SCIENCES RESEARCH

NATIONAL ADVISORY COUNCIL ON AGING

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Foreword

The fact that psychological, social, cultural and economic elements all affect a person's sense of well being, even physical and mental health, is increasingly accepted. However, infusing that generalization with the concrete facts and data required for the making of policy has proven to be uncommonly difficult. There are difficulties associated with methods, definitions, and those of relatively new disciplines attempting to set standards and criteria. And such difficulties are even more troublesome in the field of aging, where any attempt to understand behavioral and social elements is inevitably troubled by a lifetime of confounding variables.

Nevertheless, immense progress is being made. A clearer view of the behavioral and social aspects of aging and the problems of the aged is emerging. Myths are being swept away; subjective judgments are being replaced by evaluations based on normative criteria.

A great deal remains to be done, as is made clear in this report of the panel on behavioral and social science research of the National Advisory Council on Aging. Assembling this volume and gathering it into a cohesive form was an intensely difficult task -- one which was accomplished with great skill and dedication by two members of the National Advisory Council on Aging -- Dr. Bernice L. Neugarten of the University of Chicago and Dr. George L. Maddox of Duke University.

The National Institute on Aging, and the current and future aged who will ultimately benefit from their efforts, are profoundly grateful to them, and to the many, listed in the appendix, who provided of their time and wisdom to make possible a very unique volume.

Robert N. Butler, M.D.

Director, National Institute on Aging

Long life expectancy for the majority of the population is one of the dramatic achievements of Western societies in the twentieth century. It reflects not only advances in biomedical research, but also the effects of industrialization and technology, the wider distribution of the goods and services produced, and the advancing levels of education that accompany improved standards of living.

The interdependency of biological and social factors is well recognized in fostering health and in adding to both the quality and the duration of life. For this reason, a research plan on aging must emphasize behavioral and social, as well as biomedical, research.

Social scientists were initially interested in the aged as a social problem, but that interest has now expanded to include a wide range of scientific and policy issues. This report looks first at the societal context for aging, then at processes of aging in the individual, then, as these two perspectives merge, at the older person in the context of various social institutions. Because research on aging in the behavioral and social sciences has been limited, this report calls attention both to those areas that look most promising in the short run and to those areas in which basic research is indispensable for the long run.

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The Societal Context

Changing Demographic and Social Characteristics of the Old

Reductions in mortality and fertility have markedly changed the age distribution of the United States. While the total population increased 2.5 times from 1900 to 1970, the number of persons age 65 and above increased 7 times.

This general trend is expected to continue. Persons age 65 and over now constitute about ten percent of the total population, but over the next 50 years, they are expected to make up between 12 and 16 percent. There are now about four persons under age 20 for every one person over age 65. If zero population growth were to be reached in the United States within the next 50 or 60 years and then maintained, that ratio would become 1.5 to 1.

About one-third of the older population is very old, 75 years or above. This proportion will stay about the same for the foreseeable future if mortality rates remain constant. If they do, there will be about 12 million of the very old by the year 2000. If mortality rates decline, however, the numbers of the very old may grow as high as 16 or 18 million.

A 65-year-old man can now expect, on the average, to live to 78; a woman of 65, to 82. By the year 2000, life expectancies for 65-year-olds may increase by another two to five years.

The gain in life expectancy during the twentieth century represents an outstanding achievement, but it brings with it substantial changes in the society as a whole and enormous challenges for policy-makers. In oversimplified terms, two different sets of issues are involved. The first arises from the fact that there are increasing numbers of the "young-old," persons in the late 50's, the 60's, and the early 70's, who are retired, relatively healthy and vigorous, and who seek meaningful ways to use their time (either in self-fulfillment or in community participation). The policy issues are how best to utilize the talents of the young-old, both to enrich their own lives and to improve the society at large.

The second set of issues stems from the fact that there are even more striking increases in the numbers of the "old-old," persons in the mid-70's, the 80's, and the 90's. An increasing minority of the old-old remain vigorous and active but the majority need a range of supportive and restorative health and social services. The old-old of the 1970's represent a disproportionately disadvantaged group. The reasons are several, including the fact that this group includes many immigrants who were poorly educated and who have spent their working years at low-paying jobs. Many have been unable to accumulate savings or to build up sufficient equity in the social security system to sustain them adequately through their years of retirement.

Future populations of young-old and old-old will have different characteristics. They will have been better educated, will have received better medical care throughout their lives, and will have been provided the benefits of an improved social security

system. Because their life experiences will have been markedly different from the present population of older people, their expectations of life, including their expectations of old age, will be different. As a result, programs suited to the young-old and old-old of today will need continuous revisions if they are to be suited to future populations.

Continuing demographic, epidemiologic, and other forms of survey research will be required for providing economic, social, and health data by which to assess the well-being of older people. Such studies will need to become more analytic, as well as descriptive.

One important set of questions relates to how the trends in mortality rates are changing the mental and physical characteristics of survivors. What are the effects upon successive cohorts of the aged of the fact that persons who in earlier times would have died in youth now live to old age? A related question is whether added longevity brings with it a shorter or longer period of disability in persons of very advanced age.

A particularly important problem is that the life expectancy of women in the United States is now considerably greater than that of men. Basic research is required in the behavioral and social, as well as in the biomedical, sciences to understand that difference in life expectancy, how it compares to male-female mortality rates in other countries, and how the life expectancy of men can be improved. Research is needed also on the factors that underlie differential mortality rates among socioeconomic groups.

Demographic projections of the work force must be continuously revised in order to forecast costs of income-maintenance programs, health, housing, and welfare needs, and taxation rates on individual and corporate income.

The changing spatial distributions of older persons also need monitoring. For instance, recent studies indicate that the older population living in metropolitan areas will be dispersed over increasingly large suburban areas in the next two decades. Studies are needed of the changing concentrations of elderly in various regions of the country; how migration patterns relate to ethnicity, socioeconomic levels, and marital status; and how transportation, communication, and other community facilities relate to location and to the needs for services. Demographers, social geographers, and social planners must collaborate in such studies.

Age and the Organization of Society

Social scientists are giving increased attention to age as a dimension of social organization, to the ways in which various social institutions are age-graded, and to the social mechanisms by which economic, family, and political roles are allocated to persons of different ages. Within this framework, questions are raised about relationships between age groups, age as a dimension of social rank, and issues of age segregation and age discrimination.

Some argue, for instance, that age homogeneity in educational institutions or in residential neighborhoods or in work settings is detrimental to social cohesion in the community; that it leads to narrow social learning experiences for both young and old, to stereotyping of age groups, and to ageism (negative attitudes toward persons different in age from oneself). Others argue that age homogeneity favors the development of interpersonal ties and increased morale among older people.

The extent to which age determines social interaction (such as the creation of in-groups and out-groups and the social barriers to interaction among persons of widely different ages) needs more refined analysis. Studies are needed of age-homogeneous communities (retirement communities, suburbs composed of young families, communities of students) with regard to the formal social and political patterns that differentiate them, as well as the informal patterns of interaction.

Cohort and generational analysis. At the macrosocial level, the role of generational succession is an important theme in studies of social change. In this context, the focus is upon subunits of age cohorts as historically conscious agents of social action, as when attention is given to potential conflict among contemporaneous age groups and upon the emergence of distinctive political movements or social life-styles (as in the analyses of youth movements of the 1960's). To the gerontologist, research along these lines is important in considering the role of the aged in the evolution of society.

The concept of generation is sometimes used synonymously with the concept of cohort, where the focus is upon demographic attributes of successive age groups and their different historical experiences. For example, cohorts vary with regard to level of formal education or level of health, and cohorts that are larger or smaller in number provide different degrees of social and economic opportunity for their members. The development of cohort analysis is particularly important if we are to distinguish cohort differences from true aging differences (that is, differences that occur in the same individuals with the passage of time), for instance with regard to attitudes and values. The focus on cohort characteristics also enables the gerontologist to forecast changes in the life-styles of older people in the decades ahead.

Age status. There is a lack of empirical research on how transitions in the age system involve altered status in the hierarchical sense and on how age actually operates alongside other criteria in determining social rank. Studies of older persons in other societies raise doubts about the notion that the aged have lost status as a consequence of urbanization and industrialization. Conceptual clarification is needed because status is a multidimensional phenomenon, involving access to valued material resources, respect and prestige, and authority or power. It is not clear in what ways the differences between age groups are widening or narrowing in regards to these dimensions.

A number of empirical studies of age status are studies of attitudes. While many investigators conclude that attitudes toward the old are negative, and therefore that the old enjoy lower status than younger groups, it is suggested by others that negative attitudes and stereotypes are rapidly diminishing. Recent studies in the

United States and other Western societies have shown not only that there is little evidence of ageism in the attitudes expressed by the public at large, but also that older persons describe their actual situations (economic levels, social interactions, concepts of themselves) much more favorably than the public presumes them to be.

Along the same lines, investigators have pointed to the great range of differences among older persons (for example, that their incomes are more dispersed than those of younger groups) and to the fact that, while a substantial proportion of the elderly are economically disadvantaged, in some segments of American society older people are becoming a visible and contented leisure class. This trend is helped along by greater permissiveness toward the new life-styles of the retired and by a change in national values from a work ethic to a leisure ethic.

Neglected areas of research are the way in which sex difference affects the distribution of power and privileges in later life as well as differences between racial and ethnic groups.

These questions relate also to that of age consciousness, the awareness of belonging to a particular age group and its effects on behavior and expectations. Age consciousness has taken on new meanings with the institutionalization of retirement and with the appearance of political and social organizations based on age. All these topics have important research and policy implications, both for the present and the future.

Age norms and the life course. From a social-psychological perspective, research is needed on age norms, perceptions of age-appropriate behavior, informal timetables for major life events, and changing perceptions of the major phases of life, such as middle age and old age. Selected subpopulations have been shown to vary with regard to their perceptions of life stages and with regard to the proper timing of such major life transitions as retirement. A few studies show that individuals have a high degree of awareness as to whether they are on time, late, or early with regard to major life events and that being off time may pose problems of adaptation. More needs to be known, however, about how these perceptions affect interpersonal relations and the individual's self-concepts.

It has been suggested that in some ways age is becoming increasingly important as a basis of social organization, as illustrated in the increasing use of age in legislative, bureaucratic, and administrative decision-making. At the same time, there seems to be increasing latitude with regard to age-appropriate behavior in dress, college attendance, and other dimensions of life-style. Studies are needed of the ways in which cultural norms are changing and in which ours is becoming an age-irrelevant society.

Sociocultural Contexts and Cross-cultural Studies

Anthropological research on patterns of aging in other cultures should be encouraged, particularly research in traditional societies, which are fast disappearing. Such studies will help clarify the significance of cultural values and their effect on processes of aging and will help identify those psychological and social changes that are common across cultures and those that are not.

Some of these issues take more specific form: whether the transition from traditionalism to modernity, or from ruralism to urbanism, has led to reduction in male gerontocracy or to reduction in the male life span relative to the female life span; whether it is the older woman rather than the older man who becomes the chief beneficiary of the family support systems provided in metropolitan settings.

Comparative studies are particularly needed with regard to the psychology of aging. Psychologists interested in stages of human development have often turned to the cross-cultural laboratory to sort out the influences of nature and nurture on child or adolescent development, but they have rarely done so with regard to aging.

The Aging Individual

When the individual is the unit of analysis, many behavioral scientists carry on their research at the interface between the biological and the social sciences. In attempting to understand the role of social and environmental factors in aging, investigators need also to understand the biological factors.

Substrates of Human Behavior: Genetics, Neurology, Psychophysiology

Behavioral genetics is important to the behavioral scientist because it deals with the basic question of the degree to which genetic factors determine or predispose the individual to specific behavioral patterns. Genetic effects on behavior have been described in a variety of species. Strain differences, especially in experimental animal species, and individual differences, especially in primates, can be followed through senescence. Studies of the latter type will become increasingly relevant to understanding the behavioral processes of aging in humans.

Genetic factors involved in intellectual levels in man and how these levels change with age are particularly significant issues. For instance, aged persons do less well than younger persons in registering, retrieving, and using information for problem-solving, and some of these age changes may have genetic components. This is suggested by studies indicating that various tests of intelligence illustrate high heritabilities; that intellectual declines with age are similar in twins; and that increased chromosome loss is correlated with cognitive and memory impairments in older persons. Much more work needs to be done in this area.

Other promising areas particularly relevant to behavior in late life include the study of those human diseases that are known to be simply inherited and that are characterized by "premature aging." (Examples are Werner's syndrome, progeria, and Cockayne's syndrome.) It is not known whether the behavioral effects in these disorders are similar to those of normal aging. The role of genetic factors in senile dementias is a particularly important area for research.

Still another area in which genetic research is important to the behavioral scientist relates to interventionist strategies. A number of methods ranging from drugs to biofeedback, are being proposed for slowing the aging process or for reversing

specific biobehavioral changes. With regard to such strategies, social interventions, such as special educational programs for the old, can be effective only when the biological processes are better understood, including genetic influences that produce individual differences.

Neurological basis of behavior. Age-related changes in the structure and function of the nerve cell and of the nervous system are little understood, to say nothing of the relations between such changes and the psychological and social behavior of an aging individual. Nor do we understand the broad social and environmental factors that may be involved in influencing the rate of neurological change.

Similar questions relate to psychophysiological research. For example, it is known that the dominant electroencephalographic (EEG) rhythm of the brain slows with age and that diffuse, slow EEG waves predict the presence of dementia, but is not known why, or if social factors may be involved. Older persons are slower in their cognitive processes than younger persons, but it is not known at what level of the nervous system the cause is to be found or if the slowing can be corrected. Sleep deteriorates with age, but the role of biological and social factors in that deterioration is not understood. The relations between the central nervous system and the autonomic nervous system (the system that regulates such body functions as blood pressure, heart rate, and digestion) seem to change with age, but the ways in which they change are unclear. Psychophysiological methods can be used to study aging processes in integrated physiological systems. This is particularly important for understanding the interaction between the stresses arising in the individual's social environment and his physiological coping mechanisms.

The study of brain and behavior is now in the forefront of scientific activity. Because of its special relevance to the field of aging, it is an area in which research support is particularly important. Behavioral, as well as medical, interventions directed at the maintenance of intellectual functioning and at the prevention of organic brain syndromes should receive high priority.

Sensory perception. Because behavior is directly related to the individual's ability to perceive the environment through the sensory organs, it is important for the behavioral scientist to know how aging affects acuity of perception. With regard to vision, for example, only recently have quantitative relationships been obtained between specific visual functions and the performance of a common task, such as driving an automobile. Since corrective lenses are of limited value for decreasing glare sensitivity or for increasing the visual field, functions that decline with age, increased attention to environmental design and to visual training is required in order to improve performance and reduce susceptibility to accidents.

Loss of hearing is a significant problem for older persons and is often associated with changes in personality and adaptation. Changes in hearing sensitivity may be due not only to physiological degeneration, but also to environmental influences, such as long exposure to noise. With regard to smell and taste, general health status and use of drugs are among the confounding variables which involve social, as well as biomedical, factors. Sensitivity to pain is probably influenced by suggestion, attitude, and motivation.

From the perspective of the behavioral scientist, the general area of sensory perception needs much more research, research on the relation of perception to behavior, how these relations change with age, and how prevention and remediation of perceptual losses in older persons can be accomplished.

Learning, Memory, and Intelligence

Information regarding learning and memory in older persons is scanty. A number of studies have shown a negative relationship between verbal learning ability and age; the ability to deal with well-established information is maintained in late life, but the ability to deal with new information declines; and in many tasks involving learning, memory, and problem-solving, older persons do not utilize their cognitive resources as effectively as younger persons. It remains unclear whether these differences are truly related to aging or to cohort differences. Differential motivation is also involved.

A more general issue is that most of our information in this area emerges from laboratory and experimental settings, and the extent to which the findings apply to everyday settings remains obscure.

Other questions need investigation: Are the observed declines related to health more than to age, and are they at least partially preventable? Can older persons be given special training to improve their learning and memory? Can such training be applied to real-life learning, as, for example, in the use of mnemonic devices for helping persons to learn and remember names (and link them with faces)?

Animal models have proved useful in studying age changes in cognitive performance. Certain types of research can be carried out only with animals, such as experimental studies of the relative contributions of nutrition and activity to cognitive performance. Animal models can also help in evaluating newly developed drugs for preventing or reducing age deficits.

Intelligence and creativity. No topic has received greater attention among gerontological researchers than that of intelligence, yet there are major differences of opinion among investigators with regard to the fate of intelligence as people grow old.

A few facts seem well established: High intellectual abilities are observed at all ages, and age is not as highly correlated with intellectual ability as are experiential factors such as level of education. Large differences exist between individuals, with some persons showing marked declines in old age, but others showing little. One major problem is to identify the factors that produce these differences: poor health, social isolation, economic disadvantage, limited education, or lowered motivation. It is not clear whether there is a true aging function that leads to intellectual decline; nor, if so, how and why it occurs at different rates in different men and women. Furthermore, intelligence is probably multidimensional, and changes may therefore be multidirectional. Speed of response, for example, may be closely related to physiological processes and may accordingly decline with age, while verbal abilities, which improve with increased learning over a lifetime, may improve with age.

The present lack of consensus may also reflect differences in research designs. Cross-sectional studies (those in which persons of different ages are compared) often show decrements with age, while longitudinal studies (those in which the same persons are followed over time) often do not. Here again, it is difficult to disentangle cohort effects--persons born at different times have had different experiential backgrounds, and it may be that these are reflected in test performance more than differences due to aging. Studies using sequential analyses and other new methodological tools are needed. Because studies of intelligence are usually based on performance on standardized tests or on performance in the laboratory situation, it is not known to what extent these kinds of performances can be generalized to the real-life situation.

Because changes in cognitive and intellectual abilities relate directly to questions of dependency in old age, a critical area for research relates to intervention. To what extent, and under what circumstances, can intelligence in old age be modified?

Concepts of intelligence, as well as methods of measurement, are culture-bound. It is therefore important to carry out whatever investigations are possible of historical change in the intellectual functioning of older persons, and to carry out cross-cultural investigations.

Creativity and the factors that inhibit or enhance intellectual and artistic achievement in old age have been especially neglected. Studies of achievement among famous artists, writers, and scientists have shown that, while there are many individual exceptions, major contributions usually are made in the early, rather than the late, decades of adulthood. Such studies have not been made, however, of larger groups of older people; nor is it known to what extent social factors in old age can be altered to maintain creativity and productivity. If, for instance, a retired scientist had continuing access to his laboratory and the psychological support of younger colleagues, would productivity be maintained?

Motivation. As already suggested, age differences in a variety of human activities may be a function of motivation rather than a function of physiological or intellectual competence.

While animal models have been most useful in studying physiological correlates of basic needs and drives (such as hunger, thirst, sex, and response to aversive stimuli), they are also useful in studying motivational states related to other types of behavior. For instance, locomotor activity decreases after biological maturity, but significant decrements do not occur until senility. Both young and old animals will perform in experimental settings in ways that produce a change in level of stimulation. Differential effects of age on motivation and activity lead to apparent differences in learning.

Research on human motivation has shown that, while older persons may show more caution in a laboratory setting, the older person is not necessarily less motivated than the younger person. Both increased and decreased motivation may interfere with cognitive performance.

Personality and Adaptation

A growing number of investigators have begun to pursue the question of how aging affects personality. Can regularities of change be discerned? If so, are they to be regarded as developmental or as the result of environmental and social situations that occur at successive points in the life cycle?

Findings thus far are notably inconsistent, not only because concepts and definitions vary from one investigator to another, but also because most of the studies are methodologically flawed. Most investigations have been cross-sectional, and, in those studies that report age differences, it is not known to what extent cohort differences are being reflected. More important, it is not clear how the personality measures being used are related to observable behavior in the everyday lives of nonclinical populations.

Despite such shortcomings, one generalization that emerges is that introversion increases in the second half of life.

Sex differences are repeatedly reported. For instance, in a series of studies focused on intrapsychic changes, it appears that aging men move from active to passive modes of dealing with the environment, while aging women seem to move in the opposite direction. The issue of sex differences in personality should be pursued to see how it relates to various physiological and social factors and to see if it is related to the differential mortality of men and women (for example, in their respective capacity for coping with social stress).

Questions of continuity or change can best be pursued in follow-up and longitudinal studies, but few such investigations following persons into old age have yet been undertaken. Such meager findings as exist do not provide a consistent picture, for one team of investigators emphasizes the continuities in personality over time, another, the changes. All the investigators, however, stress the wide range of individual differences.

The second major issue in this area is the reverse question. How does personality affect aging? It has been found that personality traits are usually powerful predictors of adaptation, although the particular predictive traits may not be the same at successive periods of adulthood. For example, in studying survivorship as an index of adaptation, a few investigators have suggested that grouchiness or combativeness, while not ordinarily viewed as a measure of psychological health at other periods of life, is a survival asset among the very old. In other studies, based on broader typologies, it has been demonstrated that some personality types adjust well, others poorly, to the biological and social changes that accompany aging.

In pursuing regularities of adult change, a few investigators have asked if there are markers of time that might be more useful than chronological age. Some have used such concepts as life periods or life stages or adult developmental tasks. A few others have focused upon major life events such as marriage, parenthood, grandparenthood, menopause in women, retirement, or widowhood, asking if these events precipitate measurable changes.

Thus far, empirical studies of life events have been few. One exception is retirement. A number of studies indicate that for some persons retirement constitutes a crisis, but for most it does not. Depending, of course, upon other factors, such as income and health, most persons report the same level or higher levels of life satisfaction after retirement as before. There are also a few studies indicating that menopause is not regarded as a crisis, or even as a significant event, in groups of women studied in this country and in other countries.

It remains unclear, however, whether the expectable life events, or even the unexpected traumatic events, are significant precipitants of change, or whether the individual's personality and coping abilities remain relatively stable from one event to the next.

Personality and adaptation have also been studied in relation to broad levels of social interaction. Diverse patterns have been reported, in which personality type, level of social activity, and life satisfaction are found in various combinations. Especially significant is the finding that there is not one, but a number of patterns of aging that are accompanied by high life satisfaction. Some investigators have hypothesized that personality is the pivotal factor in predicting which individuals will age successfully; for example, some individuals cope well, others poorly, with shrinking patterns of social interaction.

There are few useful frameworks for studying the changing interrelationships between the individual and his sociocultural milieu. Workable models are needed for studying how individuals perceive and respond to the people, the networks, and the institutions around them and how, at the same time, the networks themselves encompass or reject their members at successive periods in the life cycle. For example, how do such concepts as hope, sense of life-time, and of self, relate to patterns of adaptation? How do the personal, social, and moral commitments of the individual change over time?

Of particular importance is the question of how social interventions can enhance the psychological well-being of older people. This leads to the difficult problems of creating meaningful psychological indicators and relating them to other social indicators. Both theoretical and empirical work is needed if knowledge in this area is to be useful from the standpoint of public policy; such studies should include a wide range of social class and ethnic groups.

Social Roles and Social Networks

People fill different social roles throughout the life span, roles that relate to family, work, friendship, and community participation. We have little systematic knowledge of how role configurations change in the second half of life and how the configurations vary by sex, ethnicity, social class, and other variables. To what extent are changes tied directly to stages in the life cycle or to social and historical events that create differences between cohorts? Research in this area would contribute to a sociology of the life cycle, a field of inquiry that is only now beginning to emerge.

Social networks. The continued involvement of older persons in various social networks (such as family, friendship, work, leisure, religious, and other organizations) is considered a deterrent to feelings of isolation in later life. Dyadic relationships (for example, a confidante) maintained over time seem to be of particular importance, but dyadic bonds have seldom been analyzed, except for the husband-wife relationship.

A number of studies have shown that with advancing age there is a decline in number of roles, amount of interaction, and variety of social contacts. Less active persons, however, are likely to be older, in poorer health, and in more deprived circumstances, so it is not clear to what extent the decline is a function of the aging process.

Considerable controversy has arisen over the sociopsychological impact of declining involvement in various social networks. There are studies showing that personality characteristics have a strong bearing on the relationship between activity and morale, as does the extent to which social networks encourage or discourage continued participation. Therefore, a distinction must be made between voluntary and involuntary withdrawal. Furthermore, it is probably the quality of interaction, rather than the frequency, that is important.

In terms of particular social networks, the importance of the family has been highlighted. For instance, although social norms in this country stress nuclear family independence, older people remain linked to kinship networks both within and across generations. Although interaction is largely a function of proximity, most older persons have close relatives within easy visiting distance, contacts are frequent, and it is children, particularly daughters, to whom older persons turn for help.

Friendship networks complement kinship ties by relieving some of the burden of care from their kin. It has also been shown that, the more characteristics neighbors have in common (such as socioeconomic status, marital status, and value orientations), the more integrated the friendship network. However, researchers in gerontology have seldom elaborated on friendship patterns or sociability, or on the social contexts of work, leisure, and organizational participation. Voluntary membership in associations has been under-studied, although it appears that participation in such organizations, including old-age clubs and senior centers, depends to a considerable extent on styles established earlier in life.

Social networks need much more study, especially in regard to differences between young-old and old-old. It is not known, for instance, whether losses in one network may threaten another network, what types of old-old persons are ensconced in networks in which individuals share common activities in face-to-face situations, or how such networks could best be increased for those who want them.

More attention needs to be given to the causes and consequences of isolation. Inquiries should include not only the usual dimensions of amount of interaction and identification of significance to others in the life of the older person, but also the subjective, or motivational, dimension. To illustrate, it has already been noted that older persons turn primarily to their families when in need of help. Yet the problems created by an ailing relative for family members who themselves may be old, and the magnitude of the stresses generated, may serve psychologically to separate rather

than to integrate the older person and the family.

Another little-studied problem is the extent to which the aged, especially if handicapped or institutionalized, lose control of their pattern of interaction and are forced to be with others when they prefer solitude, or to be alone when they prefer company. Locus of control is important here, as well as in other areas of life. We do not know to what extent preferred rhythms of social involvement and withdrawal are established early in life.

Because the size and nature of the social network are often tied directly to characteristics of the neighborhood and community, studies are needed of the ways in which community facilities and services enhance or inhibit the social integration of the older person. Little is known about the impact of physical and social aspects of housing and living environments. More generally speaking, studies of ecological, or man-environment, relations are important in the field of gerontology, but they are still few in number.

A particular set of problems relates to institutionalization and the institutional setting. To what extent can frail, confused, or isolated older persons be supported in the community? And for those who cannot be, how can life in institutional settings be made more satisfactory?

Death and dying. Death obviously represents a final rupturing of the social network for the individual and a significant alteration in the network of the survivors, yet death and dying have seldom been studied from this perspective. Bereavement has been investigated among family members, especially in widows and widowers, for whom increased morbidity is often reported, but death has seldom been studied for its effects upon friends, neighbors, or other networks.

Social professional concerns with the dying patient have increased in recent years, partly because the process of dying can be controlled somewhat by modern technology. These concerns are based upon personal and humanistic insights and have led to the initiation of various clinical, educational, and research programs designed to assist dying individuals and their families. These issues are of special significance to gerontologists because, with the conquest of infectious diseases, deaths are increasingly occurring only in older people. In the United States in the year 1900, only 25 percent of all deaths occurred among persons age 65 and over; in 1970, this figure had risen to 63 percent.

There are many ways in which behavioral scientists can make important contributions in this area -- for instance, by studying attitudes toward death, how older people cope with the prospect of their own deaths, how social and situational factors aid or hinder this coping, how families can be assisted in dealing with bereavement. Several innovative interventions have been undertaken to diminish the depersonalized and institutionalized care that often characterizes the hospital setting, including counseling for the patient and the family. Another innovation is the hospice, a care facility for dying patients that aims at creating supportive patient-staff and patient-family relationships. A researchable question is the extent to which a medical care system

can be developed whereby terminally ill people can receive adequate medical attention in their own homes.

Associated with these concerns are the emerging medical, legal, and ethical issues regarding the definition of life and the prolongation of life by technological means. There are other issues that concern the social scientist: the ways in which deaths are handled by police, coroners, morticians, and clergy; health caretakers; and such death-related industries as the life-insurance companies. Sociological, historical, and religious contexts, the taboos that surround the dying individual or the survivor, and the significance of funerals and mourning rituals -- these are topics for study by anthropologists, sociologists, and historians, as well as by legal and religious scholars and humanists.

Mental Health and Mental Disorders

There are few clearcut lines between mental health and mental disorder, between normality and pathology. Definitions of health and disease change not only with biomedical advances, but also with social and historical factors: for instance, with changes in social attitudes toward deviant behavior and with changes in social labeling.

At the same time, there are clearly recognizable pathologies in older people that pose growing social problems. It is estimated that some 15 percent of persons over 65 suffer from mental disorders, some 5 percent from severe disorders. Alcoholism and drug abuse appear to be increasing among older persons. One striking fact is that, while this age group constitutes only 10 percent of the total population, it accounts for over 30 percent of all suicides. Criminal behavior, on the other hand, drops dramatically with age.

Physical health is a very important element in mental health, but so are social factors. Such social issues need continuing study, issues of how ethnicity, socioeconomic status, marital status, and rural-urban residence contribute to incidence and prevalence, to diagnosis, to etiology, and to treatment of mental disorders. A major problem for researchers is the lack of a theoretical framework for guiding investigations in this area. Workable models are needed for relating social and cultural factors to biological factors in ways that can lead to prevention as well as amelioration of disorders.

For instance, industrialization and urbanization are often said to be producing greater social stresses and greater social isolation for older persons -- and, therefore, more mental disorders. But this remains a moot point. The nature of social stress is not well understood and studies indicate that social isolation is more often an outcome than a cause of mental illness in older people.

It is well established that education and income are highly related to type of mental illness, and also to the type of treatment offered by mental health professionals. There is a relationship also between education and the extent to which people seek help, either professional or nonprofessional. In the society at large, there has been a broadening range of problems for which people seek assistance and a rising level of expectation with regard to outcomes. At present, older people seem underrepresented in these patterns of social change. But as new cohorts of the old are increasingly well educated, their needs and expectations of the mental health system are likely to change.

Research findings indicate that the majority of functional psychiatric disturbances in old age (hypochondriacal states, paranoid reactions, and particularly the depressions) are responsive to appropriate treatment and that some 10 to 15 percent of organic brain syndromes are reversible (those due to coexisting physical illness or to drug intoxication, for instance). At the same time, older persons are dramatically underserved by community mental health centers, psychiatric outpatient clinics, and private psychiatric practitioners.

From the perspective of the mental health system as a whole, there have been striking changes in patterns of use of psychiatric facilities for different age groups. As mental health ideologies have changed, the mental health system has served a smaller proportion of older persons, with a great shift occurring after World War II from the use of mental hospitals to the use of nursing homes. To what extent is this a reflection of reemerging custodial attitudes toward the aged: To changing patterns of professionalism?

In the clinical setting, the psychological assessment of older persons is in a relatively primitive state, not only because so few psychiatrists and clinical psychologists have been trained to work with older people (itself a social problem that needs investigaton), but because there are few assessment techniques constructed for this purpose. The available techniques lack acceptable psychometric characteristics, and adequate norms are not yet available. But the larger problem is that theoretical frameworks are lacking. Except for the extreme cases, how is pathology to be defined in older people? In the same terms as for younger people?

Not only do we need reconsideration of the methods for diagnosing psychopathology in the aged, we need measures that go beyond a description of present levels of functioning to the inference of optimal levels. To this end, new definitions of competence and of role-appropriate behavior need to be developed.

These are areas in which the clinician and the behavioral scientist, especially the developmental psychologist, can work closely together.

Knowlege is also needed about a broader range of social interventions, both preventive and remedial. These include education, communications, and counseling services, and informal, as well as formal, support systems. The self-help movement should be studied along with other so-called alternative treatment systems -- and not only those self-help groups aimed at reparative processes, but also those aimed at the enhancement of psychological health. Why are older people under represented in the self-help groups, even in those formed around one or another of the major physical diseases, such as cancer or heart disease? How effective are these groups in improving the quality of life for their participants?

More knowledge of social and cultural change is required. Research needs to be expanded in social psychology and social psychiatry. Cross-national and cross-cultural studies are important, including historical studies.

The Aged and the Family

A wide range of studies shows that the family has remained a strong and supportive institution for older people. Most older persons want to be as independent of their families as possible, but, when they can no longer manage for themselves, they expect their children to come to their aid. Not only do such expectations exist, they are usually met. Patterns vary among social classes and ethnic groups, but most older persons see their children regularly, and a complex pattern of exchange of goods and services exists across generations, with ties of affection and ties of obligation remaining strong. Furthermore, elderly parents appear to have attitudes and values remarkably similar to their children's and grandchildren's.

There has been a dramatic trend toward separate households for older persons (bear in mind that "family" is not synonymous with "household"). Yet the latest national data show that, the older the individual, and the sicker, the more likely the person is to be found living with a child. In 1970, of all persons age 75 and over, one out of five women and one out of ten men were living with a child -- more than double the number who were living in institutions. Whether the trend toward separate households will continue is a question that needs continuing study. The trend will be affected by economic factors and by housing policies. One significant factor, as already suggested, is the increasing number of families in which old-old persons have children who are themselves old. If more effective networks of supportive social and home health services are built, more intergenerational households in which both generations are old may appear.

Family structure has changed significantly in the past few decades, with larger proportions of older men and women married and living with their spouses, and with accompanying decreases in proportions of the widowed, divorced, and never married. At the same time, the absolute number of widows is increasing as the difference in longevity between the sexes grows greater. Whether these trends continue in the next 25 years will depend upon a host of social and economic factors, not least among them, changing attitudes toward divorce and remarriage, and toward nontraditional forms of "family life," such as communal living for older persons.

The four- and five-generation family is becoming the norm. Yet there have been few studies of multigenerational families, especially of the role of middle-aged adults in caring for not just one, but two generations of aging parents. Little is known about patterns of sibling relations among older men and women, and even less about reciprocity and patterns of influence within four- and five-generation units. What will be the implications of the fact that, for persons who will be old in the year 2000, there will be (because of the high birthrates of the 1950's and 1960's) more adult children alive than there are for persons who are presently old? How will increased rates of upward mobility for blacks affect the patterns of intergenerational relations of older black men and women?

Research is needed on the role of the family in maintaining the old-old person as a member of the community and in acting as a link between the older person and bureaucratic organizations, such as the providers and third-party payers of medical care. The changing roles of women are particularly relevant here. Studies of this type would be important in the formulation of social policies, especially with regard to institutional support programs and community-based services as alternatives to institutionalization.

The Aging and the Economy

The economic position of the aged must be considered in the context of macroeconomic trends and the state of the national (and international) economy. Patterns of natural and human resources, the state of technology, rates of economic growth, inflation, changes in real income, levels of support for workers and nonworkers, and rates of employment and unemployment are continuously under study. Yet the ways in which such macroeconomic trends influence the situation of the aged, and the ways in which an aging society affects these trends, have attracted little research attention from economists.

Economic growth, by raising total output, makes it possible for a low-income group such as the aged to raise its absolute level of living. But studies show that, in the recent past, it has been the workers who gained most of the added growth and that the nonworker's position gradually worsened by comparison. A study of the impact of inflation on different racial, income, and age groups showed that, in the inflationary decade of the 1960's, the aged's share of the total national income dropped disproportionately to their numbers in the population. Rising unemployment contributes to the lowering of the retirement age, in turn shifting more of the financial burden of unemployment to the elderly. More studies of this sort are needed.

It is important to study patterns of lifetime earnings and their implications for economic status in old age. Cohort studies are needed of the worker's productivity in relation to the length of time worked; how lifetime output is related to living standards after retirement; and how these vary as the retirement period lengthens.

Assessing economic status. Determining the economic status of the aged is a highly dynamic issue, not only because of unprecedented changes in the economy at large, but also because of changes in social security systems and other government programs aimed directly at older people.

In terms of money income, persons age 65 and over in 1973 received about 11 percent of the national total before taxes, about 14 percent after taxes. But there are wide disparities among different groups of the aged, particularly between those who are retired and those who are not, between persons living in households headed by males or by females, and between blacks and whites.

In 1973, and, again, in terms of money income, the aged poor represented nearly 15 percent of the total poor population; they represented about 16 percent of all persons age 65 and over. The incidence of poverty varies by other socioeconomic characteristics: race, sex, marital status, and so on. Thus, data need to be disaggregated if they are to be meaningful in terms of social policy.

Economic status, however, involves many factors in addition to money income: assets and debts (net worth), the annuity value of property, government nonmoney benefits or in-kind transfers (such as Medicare, Medicaid, and housing subsidies), tax benefits for older persons, and intrafamily transfers. Studies based on complex measures of economic well-being have been few in number, and it is not known how older persons would compare with younger persons if such complex measures were used. Thus, one of the problems in assessing the adequacy of income-maintenance programs for older persons and the incidence of poverty is the need for improved measures.

Studies are needed not only of the economic status of various subgroups of the aged, but also of the equity issues that arise in connection with the major support programs. A particular problem is the very high incidence of poverty among elderly widows. Because such studies will relate to major sociopolitical issues, and because policy decisions will involve consideraton of the ethical principles of distributive justice, investigations should involve political scientists and ethicists, as well as economists.

Although there have been many studies of the social security system in this and other countries, there have not been enough studies of private pension systems and how their effects on the economic well-being of older persons are changing under recent legislaton that regulates vesting, funding, and other standards for pension plans. There appears to be a growing economic chasm between the two-pension and the one-pension aged, a situation that deserves attention.

Studies are needed also of subjective levels of economic well-being. A few investigations have shown that the demands of the elderly are more modest than those of other groups, but this situation may be changing as successive cohorts reach retirement age and as the social meanings of income change.

The impact of the aged on the economy. A number of significant issues relate to the effect of increasing numbers of older people in the economy. How do they influence patterns of resource allocation? Of consumer demand? Does a rising median age bring about a more conservative economy, one that is more security-conscious and less willing to take risks?

From this perspective, we need to know more about the impact of pensions on savings and capital formation -- whether there is a significant reduction in personal savings as a result of increases in social security benefits and how the accumulation of funds in private pension systems affects capital formation in the general economy.

The use of time, as well as money, affects the economy as in the case of time spent in household maintenance or in nonpaid contributions to community services. Yet the forms in which nonworking time is apportioned have received little attention. However it is used, the amount of nonworking time available to older people far exceeds that available to any other adult group. Yet studies have not been made of older people's influence on the economy as, for example, a source of demand for education or a source of demand for leisure goods and services. Nor do we understand how older people influence the economy through their roles in public service, even though this influence is undoubtedly growing. A recent poll found that about 20 percent of persons over 65 are doing some kind of volunteer service, but the economic value of these services has not been assessed.

As the economic situations of older people change, there is need for more information with regard to their changing consumption patterns and to the special markets that are being created. The general lack of market sensitivity to the range of goods and services that older people would purchase, if available, may be due in part to stereotyped notions of the aged as persons of very limited interests and capacities.

A different set of issues relates to the economic factors in the provision of health services and social services to older people. Projecting the need for various types of services rests upon knowledge both of health and of economic and sociological factors. For example, a great deal of attention has recently been given to what is often called "alternatives to institutionalization," but little attention has been given to the economic aspects of the matter. Similarly, as we search for the most appropriate combination of programs to provide quality health care for chronic illness, we must consider how these programs can best be financed.

Work, retirement, and leisure. It has been estimated that in another 25 years the retirement age will drop to 55 for most workers and that, because most people will live longer, the retirement period may become twice as long as it is now. While retirement patterns reflect macroeconomic factors, the reasons for retirement from the perspective of the individual are influenced to a major degree by company policy, health, and retirement income.

A number of issues related to work and retirement remain unresolved. One problem is the lack of adequate, routinely collected statistical information about the experiences of older workers. Additional longitudinal (as contrasted to cross-sectional) data are needed. For example, labor force participation rates are declining for men but are increasing for women. What demographic, economic, and biomedical trends are most likely to affect these rates? What is the effect of age discrimination on older workers, and what has been the impact of legislation intended to reduce age discrimination?

As public and private pensions have improved, more men and women have begun to regard retirement as a commodity to be purchased. In addition to the factors already mentioned, there are others that influence the timing of retirement: Interest in one's work, desire for leisure, and desires of other family members. These and other factors related to the quality of life have not been systematically investigated. Studies are needed of the propensity to retire, not only from the perspective of the individual, but also from the societal perspective.

Retirement patterns vary with type and level of occupation. Aside from factors related to labor shortages and surpluses in different occupations, we know little about the personal factors involved. Do persons in high-level occupations, who usually retire later than persons in blue-collar occupations, have stronger noneconomic motivations to maintain their work role? Do the types of abilities involved show less deterioration with age?

Other issues need to be pursued. One is the feasibility of developing functional criteria and assessment techniques for determining the capacity for work. Another

is the pattern of public attitudes toward and images of older workers and how these attitudes affect work-force experience. What are the effects of retirement preparation programs on subsequent patterns of adjustment? How realistic is the expectation that there will be new opportunities for older workers to pursue second careers if they wish to do so?

Whatever the future for their participation in the labor force, older people now face the major issue of how to use their time. As the various uses of free time continue to proliferate, the question often takes the form of how leisure can be used for the kind of self-actualization that is creative, developmental, and innovative -- how free time can be used to give meaning to old age.

The range of choices is related, in part, to educational level, personality, nature of the community, and earlier patterns of leisure. Different leisure life-styles are developing among older people -- for example, for people living in suburbs, in large cities, or in retirement communities; for those who choose expressive activities, as in the arts; or for those who become increasingly involved in community services.

Research has shown the variety of psychological meanings attached to leisure time from the point of view of the participant: Its importance in maintaining respect or dignity, in developing a sense of control, in building meaningful bonds with others, and in maintaining or creating a sense of valued identity.

Thus, from a variety of psychological and social perspectives, research that deals with the use of leisure time will undoubtedly increase. Studies will be needed with regard to home-centered forms of sociability and activity, the use of the mass media (especially television), and the growth of the so-called leisure industries.

Aging and Education

A national survey in 1974 showed that 5 percent of persons age 55 to 64 and 2 percent of persons age 65 and over were enrolled in an educational institution or were taking a course of some kind. But adults learn in myriad settings -- in some solely devoted to the purpose of education, such as schools and colleges; and in others that are not, such as industrial firms, labor unions, social organizations, libraries, hospitals, museums, churches, and the home, with or without the mass media. No systematic knowledge is available concerning the participation of older adults in this wide range of settings. Data should be collected by national sampling surveys on a periodic basis to discover the nature and extent of educational participation, the characteristics of the participants, and the various motivations for learning.

A major question concerns the ability of older persons to learn. As mentioned earlier in this report, it is not known how findings derived from laboratory studies relate to learning in everyday life. Declines in intellectual abilities, where they exist, may not significantly affect the everyday situation, for older persons can often organize their learning activities to minimize such declines. Their success depends partly upon the extent to which the social environment is conducive to such strategies. This is an important area for research.

Studies are needed also to see what factors (health, economic status, motivation, level of formal education attained in youth) are most significant in influencing the ways in which an older person secures information and education.

Inquiries based directly on educational practices and concepts should be undertaken. For instance, it is known that students who have been taught basic learning skills perform much more satisfactorily than those who have not and that adults who have been educationally active suffer less age decline in new learning situations. Apparently, learning skills can be established or reestablished in adulthood and old age, although the best methods for doing so have not yet been systematically investigated.

Level of formal education is closely related to the level of educational participation in adulthood. Because the level of formal schooling is increasing dramatically in the population as a whole, the future participation of old people in educational pursuits is expected to increase steadily. Radical changes are also occurring in higher education -- colleges and universities are turning to older students to fill the places left vacant because of the smaller numbers of the young. The extent to which these programs are successful will depend upon the way in which these institutions view the needs and resources of older students.

Other research questions relate directly to social policy. Education has often been viewed as a pleasant, but nonessential, way of filling some of the leisure time of the aged. Can education for the young-old and the old-old be given new meaning? Can it yield specific returns to the individual and to the society? Can it offer old people the task-orientation that is so often missing from their activity?

Additional educational opportunities can help some older persons to learn new occupations and to improve their economic situations; it can help others to solve some of their social and health problems and thus reduce the need for services, as in the case of persons suffering from physical disabilities who can be taught to care for themselves. These are areas in which experimental studies are needed.

Another policy issue is the extent to which special learning opportunities can be developed for those older adults who had been the objects of discrimination earlier in their lives. How can barriers to education be removed, including the widespread attitude held by many old people themselves that they are too old to learn?

At the level of community organization, pilot projects should be undertaken to investigate the best ways of serving the educational needs of older adults. What kinds of community collaboration are most successful? If educational services are seen as analogous to health services or social services, what kinds of coordinating councils, special referral services, and systems of funding will be effective?

Religious Behavior

The religious behavior of older persons is an area for collaborative study by religious scholars and social scientists. There have been few studies of personal religious observances or beliefs and of whether religion is more important in the lives of the old than in the lives of the young.

Church attendance drops off among the very old, but it is not clear to what extent this is due to such factors as health, residential location, or socioeconomic status. Nor is it clear how age-related factors relate to cohort differences and to historical factors in affecting patterns of church attendance or patterns of private devotions. In what ways does church attendance among older persons reflect broader social trends? To what extent do private devotions replace church attendance?

A related question is how the church functions as a social institution in the lives of older persons. To what extent and for what subgroup, does the church perform a supportive social and psychological function?

Aging and the Law

Specification of a chronological age or age span as a determinant of legal status is to be found in a wide array of statutes, codes, and court decisions. Examples include the eligibility to vote, to seek public office, to maintain the right to employment, to receive a pension, and to receive various protections, service, or exemptions. Legal distinctions between the minor and the adult have existed for centuries, and recent laws reflect a continually expanding use of age differentials, especially in separating old age from adulthood. Yet there have been very few studies, either in jurisprudence or in social science, that seek to determine the rationale for the use of one age rather than another, or the consequences of such age distinctions for civil rights or for equal protection of the law. Nor are there studies of the impact of such age distinctions on the social order in general.

Studies are needed of the ways in which legal systems interact with economic and political systems in creating a distinctive status for the elderly. Historical and comparative analyses are needed. Studies should be focused on various forms of the law (legislative acts, resolution of constitutional and other legal issues by the courts, administrative orders and contracts) and on different levels of government (federal, state, local).

Research should be carried out on the ways in which age interacts with other determinants of status. For example, legal age distinctions often vary by sex, as when a woman may be eligible for retirement benefits at an earlier age than a man. How does this relate to such values as equal protection of the law?

The relationships between chronological age, functional age, and legal age distinctions need to be investigated, especially in the face of mounting evidence that chronological age is not as effective predictor of the performance capabilities of individuals, an issue that relates directly to age of eligibility for persons.

A controversial issue is the constitutionality of mandatory retirement practices. Political pressures to abolish mandatory retirement rules are now growing. If chronological age were to be declared unjust as a determinant in restricting employment, would the courts then rule, or would legislatures then decide, that chronological age is also unfair as a determinant of eligibility for the vast array of services, protections, and exemptions built into the law and now benefiting those over 65? These issues require the multidisciplinary efforts of social scientists, legal scholars, and ethicists.

Other issues to be explored include the role of the gerontology movement in general in the expansion or modification of legal age criteria. What are the prospects for the establishment in law of an additional old-age status, specifically of the so-called frail elderly?

Aging and the Political System

People tend to retain the political orientations they develop in their youth. The present aged, in the aggregate, reflect the relatively conservative attitudes that prevailed in those decades when they came to political maturity. As a result, they are somewhat more conservative than younger persons in their basic orientations. Future groups of aged may be expected -- again, on the average -- to reflect the attitudes that prevailed when they, in turn, were young.

While political orientations remain fairly stable throughout life, people of all ages will sometimes contradict their basic ideological outlooks when a specific issue affects their interests directly. For example, people in their 60's changed their attitudes between the mid-50's and the 1970's in the direction of supporting governmental financing of medical care, even though it was inconsistent with their negative views regarding a welfare state.

A consistent pattern emerges from studies of older persons' levels of political interest and participation. When age is isolated as a variable (by controlling for sex and educational level), interest in politics increases until about age 60 and then falls off somewhat; but even this drop is largely attributable to characteristics other than aging -- for example, to poor health. In forms of political participation, such as contacting public officials, persuading others how to vote, or contributing money, older persons are involved nearly as much as all adults, except in such activities as forming groups to deal with local problems.

What consequences does the political behavior of older persons have for societies? The aggregate tendency of older persons to be somewhat more conservative than the total population (that is, they hold "old" ideas, whether those ideas are liberal or conservative) undoubtedly has some marginal conservatizing effect on the political system. To the extent that basic orientations may be said to influence political decisions, the aged may provide somewhat more stability and continuity than do their fellow citizens.

A related set of issues involves political power. Older persons are usually overrepresented in positions of political leadership. While long-term incumbents tend to be more conservatively disposed than new leaders, it is not clear that this is attributable to aging.

A second way of manifesting political power is by voting or by creating special-interest or pressure groups. A question often asked is whether age groups are forming voting blocs. A range of studies indicates that political differences are greater within age groups than between them and that, with the exceptions of specific issues such

as medical care, it is doubtful that a voting bloc can be organized among older people. There has been no instance in which it can be demonstrated that an old-age interest or and old-age candidate has shifted older persons' votes in a concerted bloc. In short, there is no evidence of an old-age vote. These topics, however, require further study.

Age-based organizations. An age-based organization is one that depends for its activities upon the existence of older persons. The old are its members, its direct or indirect consumers, or its subjects of special concern. Such organizations exist in industrialized nations throughout the world, but only a few of those active in American politics have thus far been studied -- such as the National Council of Senior Citizens and the American Association of Retired Persons. These studies have shown that such organizations can play a role in shaping the issues of public policy debate: They gain access to legislators, administrative officials, and political party organizations, but none has yet displayed a capacity to organize a bloc of old-age votes.

Aging as a concern of political systems. The aged first became a major concern of governments in the late nineteenth century. The birth of the modern welfare state, with economic relief for older persons as a major feature, began in Germany in the 1880's then spread to other industrialized countries, appearing relatively late in the United States with the enactment of the social security program in 1935.

Not only have income-maintenance policies undergone innumerable expansions in the intervening decades, but the range of efforts for helping older persons has broadened. It now includes attempts to meet personal needs such as shelter, medical care, and employment training, and group needs, such as better transportation and other community improvements. The evolution of governmental policies toward the aged can be traced to a number of factors, ranging from the efforts of individual reformers to various societal changes brought about by long-term economic and ideological trends. Organizations such as political parties, labor unions, economics elites, and professional and commercial organizations have found reason to advocate or oppose governmental action toward the aging. While selected activities have been described by various social scientists, these developments have not been studied systematically.

Development of social policies for the aged must be viewed in the context of the full range of demands for social intervention. In this connection, developments in other countries, as well as our own, can be illuminating. Some countries first responded to the needs of the aged at a time when few competing social demands were recognized; others responded only after other social concerns were being met. It has been suggested, for instance, that in France attention to the aged was inhibited by the long-standing concern with the birthrate and with family allowance policies designed to encourage population growth. In the United States, where in the last few decades outlays for the aged have dwarfed many other governmental expenditures, it has been suggested that spending on the aged represents a comparatively slow response by government to competing welfare demands such as universal health insurance, social services, public health programs, education, and public housing.

Some observers have pointed out that the position of the aged, as a group, has improved dramatically in this country in the past few decades but that the general gain has done little to help the situation of those older persons who have not yet

attained a minimum standard of justice (for example, the substantial numbers of older persons who remain poor or who are members of ethnic minority groups). If public policies continue to improve conditions for the aged as a group, even without substantially alleviating the problems of the disadvantaged aged, governments may stop focusing on the needs of the aged as a constituency. Policies now directed toward the elderly may be submerged within policies directed toward such issues as poverty, ethnic and cultural deprivations, or physical and mental disabilities. Or, given the strongly-rooted concerns with the aged, public policies may become more elaborate and may extend further to meet any number of needs of subgroups of older persons, such as attempting to strengthen family ties or helping to create meaningful community roles.

All these are issues that will require expanded research efforts if social policies for the present and the future aged are to be well informed.

Appendix

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